**Healthy Families And
Medi-Cal For Families Programs
Invitation To Participate: Instructions**

Use the following instructions in completing the Invitation to Participate (ITP).

Page 1

1. Place an "X" on the line indicating whether you are registering as a new Enrollment Entity (EE), if you are renewing or updating your registration. If you are renewing or updating, enter your EE number in the blank provided.
2. Enter your organization's name and business address.
3. Enter the name, mailing address, E-Mail Address, telephone number and fax number for the primary contact for your organization.

    NOTE: Other sites that will be linked with this Enrollment Entity will be registered using page 6.

4. Put an "X" in the category, which best describes your organization. You can only check <u>one</u> category, and **you must provide a copy of your business license or proof of tax-exempt status and a W-9 form.** A W-9 form is attached to the ITP packet. It is also available for download at http://www.irs.gov/pub/irs-pdf/fw9.pdf

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5. Write the number of employees that will be providing outreach and application assistance in the blank provided.
6. Complete the next three sections:
    a. Percent ethnicity served (total must add up to 100%)
    b. Type of outreach activities
    c. Language(s) in which your organization can provide assistance
7. Check the box at the bottom of the page if you want information about certification training.

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8. List the name and CAA number for each person who has attended certification training. Information concerning "A" and "B" levels is explained at the bottom of page 2.
9. Put an "X" in the "Yes" or "No" box for the next seven questions depending on how your organization plans to conduct Enrollment Entity activities. Then write the major cross streets for the location of your organization.
10. Indicate the organization's hours of operation.

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11. Read the Enrollment Entity agreement and conditions for termination/cancellation. If you accept, provide your organization name, printed and signed name of the person authorized by the organization to accept this agreement, and the date signed. The "Managed Risk Medical Insurance Board" (MRMIB) signature and date blanks will be completed after review and approval of this application.

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      12.   Read the Certified Application Assistant agreement and conditions for termination/cancellation. If you accept, provide your Enrollment Entity number, your Certified Application Assistant number, the printed names of the Enrollment Entity and of the Applicant Assistant, the Applicant Assistant's signature and the date of signature.

Page 6

> *NOTE: This page is used to provide information for any other site(s) which will be linked to this Enrollment Entity. Make a copy of this page for each site.*

      13.   Enter the business address and E-Mail address for the sub-site. Enter the EE number for the Enrollment Entity.

      14.   Complete the primary contact information for the sub-site.

      15.   Place an "X" in the blank(s) that show the language(s) in which the sub-site can provide assistance.